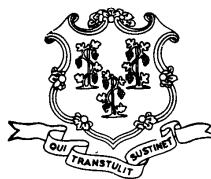


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Telephone: (860) 713-6160
 Email: dcp.foodandstandards@ct.gov
 Web Site: www.ct.gov/dcp



For Official Use Only

Reinstatement Form for Frozen Dessert Retailer

- **This form can only be used to reinstate a license that expired on or after 12/31/2012.** The license number you wish to reinstate must be entered on this form.
- **A change in ownership or location: Do not use this form.** This license is non-transferable. To obtain a new application, go to our web-site at www.ct.gov/dcp. Questions can be directed to the Food & Standards Division at the above telephone number or email address.
- A total **reinstatement fee of \$60.00 for each one-year period of expiration** must accompany this form. Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*
- Return this completed form with the applicable fee to the above address.
- All licenses expire annually on December 31st. A completed form with the applicable fee will reinstate the indicated license to the current renewal year.

License Number to be Reinstated	Expiration Date of License

License Information			
Business Name			
Physical Location of Production/Storage Facility - Street Address		City	State
			Zip Code
Telephone Number	Email Address to be used for all correspondence		FEIN

Mailing Address (if different than above)			
Business Name (if applicable)			
Street Address		City	State
			Zip Code

Certification		
I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.		
Signature of Applicant	Title	Date